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CITY OF WORCESTER

EDUCATION COMMITTEE

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Annual Report

upon the

School Health Service

for the Year

1965

By

G. M. O'DONNELL, B.A., M.B., D.P.H.
Principal School Medical Officer

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1965

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DR. G. TOLLEY.

STAFF AT 31st DECEMBER, 1965

Principal School Medical Officer :

G. M. O'Donnell, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :

Elizabeth G. Henderson, M.B., B.Ch., B.A.O., D.P.H.
(Retired 11th November, 1965)
A. I. Blenkinsop, M.B., B.S., D.P.H., D.Obst.R.C.O.G., D.C.H.
(Appointed November, 1965)

School Medical Officers :

Moira K. E. Allington, B.A., M.B., B.Ch., D.C.H.
Douglas G. Snell, M.B., B.S., D.P.H.

Child Psychiatrist :

J. J. Graham, M.B., Ch.B., D.P.M.
(Consultant, Birmingham Regional Hospital Board)

Educational Psychologist :

Sybil M. Crane, M.A., Ph.D.

Social Worker (Part-time) :

Mrs. E. M. Budden.

Principal School Dental Officer :

E. R. Dowland, L.D.S., R.C.S. (Eng.)

Dental Officers (Part-time) :

Mrs. B. Savage, B.D.S.
R. Webley, L.D.S.

Dental Anæsthetists (Part-time) :

H. Harvey, M.D., M.B., B.S. D.A.
C. T. Mills, M.B., Ch.B.
W. D. Steel, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants :

Mrs. J. MacKelvie
Mrs. E. R. Scanlon (Resigned 22nd October, 1965)
Mrs. R. J. Young (Commenced 15th November, 1965)

Remedial Gymnast :

Mr. W. K. Edwards

Speech Therapist :

MRS. M. R. OATEY (née ASTLEY)

Superintendent Health Visitor/School Nurse :

MISS A. A. BUTTIMORE (Resigned 31st March, 1965)

Principal Nursing Officer and Non-Medical Supervisor of Midwives :

(Appointment Re-designated)
MISS O. KEYWOOD (Commenced 1st April, 1965).

Deputy Principal Nursing Officer and Deputy Non-Medical Supervisor of Midwives :

MISS P. M. DOWNING (Appointed November, 1965)

Health Visitors/School Nurses :

MISS E. KREBS (Resigned 20th April, 1965)
MISS A. DUNLOP
MISS M. HANNON
MISS C. MILLARD
MISS E. WOOLFENDEN (Resigned 7th February, 1965)
MRS. M. MARSHALL (Resigned 30th November, 1965)
MISS P. HIGGINS
MRS. J. P. SINCLAIR (Resigned 16th July, 1965)
MRS. A. E. SANDLES (née JONES)
MISS J. M. TEECE (Commenced 28th June, 1965)
MRS. M. P. MCQUAID (Commenced 20th December, 1965)
MRS. M. E. HOWE (Part-time) (Commenced 8th February, 1965)
MRS. M. HOLMES (Part-time) (Commenced 7th September, 1965)

School Nurses (Temporary Appointments) :

MRS. M. L. HAYTON
MRS. A. TUMMEY (Commenced 15th November, 1965)

Chiropodists (Part-time) :

MRS. M. R. GILBERT, M.CH.S.
MISS J. E. PRICE, M.CH.S.

Senior Clerk :

MRS. I. FAIRBAIRN

Clerks :

MRS. E. I. P. TURNER (Resigned 31st January, 1965)
MISS S. BOXALL
MRS. S. JACOBS (Commenced 15th February, 1965)

ANNUAL REPORT FOR THE YEAR 1965

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the School Health Service in 1965, I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee for the interest and support they have given to this Department during the year. Once again the Director of Education, Mr. T. A. Ireland, and his staff, have shown us every possible help and their sympathetic appreciation of our problems does much to facilitate what is in effect a mutual concern. My staff have as usual worked hard in their vocations and to them I must express my particular gratitude knowing the care and effort taken by them to help neglected or handicapped children.

In this connection I should especially mention the Deputy Principal School Medical Officer, Dr. Elizabeth Gertrude Henderson, who retired at the end of the year after twenty-two years service to the Corporation. Dr. Henderson was devoted to the children of Worcester and worked patiently and unobstrusively on their behalf. Handicapped children were her overriding concern and she was extremely skilled in the delicate balancing of educational need against physical infirmity, so that the best possible choice of school was made. She showed a great affection for young people and a lively appreciation of their needs, although not always agreeing with the permissive attitudes so fashionable in these times. Her humour, experience and willingness to help will be sadly missed by her colleagues and we wish her every happiness and good fortune in her retirement.

Dr. Henderson is succeeded by Dr. A. I. Blenkinsop, a senior assistant medical officer at Oxford, who joined the Department at the beginning of the year and to whom I am indebted for the compilation of this report.

Our children are in the main healthy, alert of mind and restless of disposition. Their parents, particularly those who have known adversity, treat them with generosity, determined that this generation will be spared the austerities of the past. As they grow older they frequently cause their parents a good deal of worry, for it is the adolescent who most requires guidance and who is least tolerant of it. Hence the almost universal cry of parents today "I don't understand them. They have everything, but they don't appreciate it. When I was their age, etc." In all probability the same cry echoed as often in previous times but with less publicity, and yet the gap between the two generations does seem wider today even though it may be artificially contrived. At any rate the prospects for the school leaver are not so wonderful as one would expect. The successful have to work extremely hard to qualify in the professions, the less successful face the frustrations of monotonous work and often seek refuge in early marriage which has its attendant difficulties. For many the television image of a rich, carefree life seems almost within reach and then in a short while becomes unobtainable. The magic carpet of youth disappears and middle-age presses more relentlessly on them than on previous generations. Today the school leaver is encouraged to expect more of life with very little justification. The extra money, cars, holidays abroad, are all comforts that both please and deceive. The realities of life are harsh and can only be made tolerable by a dedication and purpose which parents and teachers can alone instil.

Yours faithfully,

G. M. O'DONNELL,

Principal School Medical Officer.

PHYSICAL CONDITION OF PUPILS

The standard of physical fitness of Worcester children is satisfactory. This does not mean that opportunities do not exist for improvements or that in a small proportion of cases children are poorly cared for. Rarely nowadays does one find children who are under-fed, but quite frequently they eat too much or eat the wrong kind of food. Obesity is now the commonest form of malnutrition due, in most cases, to faulty eating habits or misguided kindness. Consequently it is our duty to try and educate children and parents of the dangers of over-indulging their appetities. It really is better to be slim like the model girls in the advertisements and one really is prejudicing one's health and chances of living to a ripe old age by eating a diet largely composed of sweets, biscuits, cakes and chips. In an affluent society, however, this is a difficult message to get across.

As in so many aspects of life, it is largely by example that children learn how to lead healthy lives. If parents smoke cigarettes it is not surprising that their children also smoke them. If smoking is portrayed on films and television as desirable and mature, it is no wonder that schoolchildren quickly adopt the fashion themselves. Until parents face up to the risks of cigarette smoking instead of just not wanting to know, their children will continue to become addicted to a potentially fatal habit before they themselves realise the significance of what they are doing.

Over-eating and cigarette smoking are two important examples of habits and attitudes in childhood which may influence profoundly the future health of the individuals concerned. Our concern about them indicates the importance which the School Health Service places upon factors influencing the health in later life in addition to its immediate task of ensuring that children are fit enough to benefit from the education provided for them.

	1961	1962	1963	1964	1965
Pupils Inspected ...	3,286	3,363	3,539	3,398	3,827
Unsatisfactory ...	31	20	29	16	10
Percentage Unsatisfactory	·94	·6	·82	·47	·26

SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information:

"A total of 1,382,484 meals were served in the year 1965 to children in maintained schools, an increase of 3·06% more than in 1964. The percentage of children taking meals in September, 1965, was 64·71% against 61% for the previous September.

" The new kitchen and dining hall for Christopher Whitehead Secondary Modern Girls' School was brought into use at the beginning of the summer term, making a total of seventeen kitchens, supplying the daily output of 7,400 meals.

" For the twelve months ending 31st December, 1965, 1,971,444 one-third pint bottles of pasteurised milk were consumed. The average number of children drinking milk in maintained schools during the year was 86·37%, very little variation from the previous year.

" The ' highlight ' of the year was the announcement by the Department of Education and Science that Lasmec planned kitchens were permissible for the School Meals Service if Authorities so wished. Two such kitchens have been approved and should materialise in the 1966/67 Building Programme.

" The new range of modular catering equipment developed and produced by Statts of Oldham, as technical adviser to the Local Authorities School Meals Equipment Consortium (LASMEC), represents a major advance in the design and construction of heavy duty catering appliances.

"A high degree of standardisation has been achieved throughout the whole range of the equipment, and many new ideas were incorporated into the designs of individual appliances.

" The basic modular principle of the design is itself revolutionary in large scale catering. Each item of equipment is completely self-contained in a streamlined stainless steel clad outer-casing. All appliances occupy exactly the same floor area, 36 inches wide x 26 inches deep, and are interchangeable.

" No pipes or drains are visible with Lasmec equipment, as all services (gas, electricity, water and drainage) are connected through the base of the appliances via under-floor ducting.

This greatly improves the appearance of the kitchen, reduces occupied floor area, minimises cleaning and obviates the risk of accidents to a large extent.

" The normal rule of installing larger capacity appliances in kitchens with larger outputs has not been followed with Lasmec. Multiple units of the standard items are used to increase capacity.

" Cooking is still carried out in small units, which means that higher cooking standards can be achieved. Smaller units of equipment make it possible to serve food as soon as it is cooked and to have freshly cooked food for second sittings. Smaller boiling pans give even boiling of vegetables and shorter cooking times.

" Lasmec, in fact, encourages better cooking because there is less boiling capacity than with present day scales of equipment and kitchen staff must inevitably make fuller use of other methods of cooking (baking, steaming and frying, etc.). There is also less hot-storage capacity to discourage the over-long storage or hot foods."

HANDICAPPED PUPILS

(a) Blind:

There were no totally blind children attending school.

(b) Partially Sighted:

Two boys and one girl attend Exhall Grange, Coventry. Three boys, one of whom is classified as educationally subnormal and another as delicate, attend Rose Hill Open Air School, Worcester.

(c) Deaf:

There are two boys and one girl at the Royal School for the Deaf, Birmingham, two girls attend Summerfield House, Malvern, and one boy is at Burwood Park School, Walton-on-Thames.

(d) Partially Hearing:

(i) One boy and one girl attend Needwood School, Burton-on-Trent. Two boys classified as partially hearing have another handicap of greater importance and attend a Residential School appropriate to the major handicap.

(ii) At Rose Hill Open Air School:

Two boys and one girl attend Rose Hill Open Air School. They are all classified as delicate, but in addition one of the boys is educationally subnormal.

(iii) At Ordinary Schools:

Thirty-nine children have been issued with hearing aids and are managing quite well at ordinary schools with the help of remedial and individual teaching. They are kept under observation at the Ear, Nose and Throat Clinic of the Worcester Royal Infirmary as well as by the School Health Service. A further seventy-eight children who have some degree of hearing loss are also supervised but do not require hearing aids or remedial teaching.

Sweep Testing:

Individual sweep testing of five year olds using pure tone audiometer is now in its fifth year and this work is undertaken by a member of staff specially trained for this purpose. The standard used is lack of response at any one frequency over a 20 decibel range and the child who fails this test is referred to the audiometric centre at the School Clinic for a threshold test. If this confirms a hearing loss then referral to the peripatetic teacher of the deaf and later to the general practitioner and the Ear, Nose and Throat Clinic for full investigation is indicated.

The result of the investigation is shown in the following table:

Entrants Examined	Referred for investigation
1,250	15

In the table above it will be seen that fifteen children were referred for investigation. These children and a further fourteen, who had been referred independently of the sweep survey, were examined by the peripatetic teacher of the partially hearing and the school doctor, and subsequently nine were referred to the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary for further investigation.

Individual results of those referred to the hospital clinic were as follows:

	Ear Condition	Hearing Loss	Result
B.1.	Nil	35 db (L) 60 db (R)	For observation
B.2	Otitis Media	50 db (L) 60 db (R)	Hospital treatment
B.3	Adenoids	45 db (L) 45 db (R)	Hospital treatment
B.4	Catarrh	45 db (L) 45 db (R)	Hospital treatment
B.5	Catarrh	80 db (L) 80 db (R)	Hospital treatment
G.1	Otitis Media	40 db (L) 40 db (R)	Hospital treatment
G.2	Otitis Media	70 db (L) 50 db (R)	Hospital treatment
G.3	Otitis Media	55 db (L) 65 db (R)	Hospital treatment
G.4	Adenoids	40 db (L) 25 db (R)	Adenoidectomy

It will be seen from the above figures that of a total of 1,250 children examined, only nine were referred to hospital. However, these nine all had significant defects which, if left untreated, would seriously impair their education.

During the year Mr. David Joy, Peripatetic Teacher of the Partially Hearing, resigned and in September was replaced by Mrs. S. C. Blakeway-Smith, who reports on her work as follows:

" The work of a peripatetic teacher to partially hearing and deaf children can be very varied. However, when coming to Worcester in September, 1965, I found that the work in the City fell into two main groups—(a) testing the hearing of children and (b) teaching.

"(a) Testing the hearing of children:

Children were referred to me for testing by teachers, school doctors, or in some cases they were sent to me for a second test after having failed a screening test either at six months, two years or on entry into school. Seven pre-school children were thus tested, but only one had to be sent to the audialogy department at the hospital for further treatment because a hearing loss was apparent.

Twenty-nine schoolchildren were referred to me, some for the first time and others because of recurring ear trouble. Nine were sent to their doctors and to the Infirmary, where three received medical treatment and two others were given hearing aids. A third child was classified as partially hearing but was not issued with an aid.

A check was made on all children wearing aids and at the end of the year the thirty-five children could be divided into the following approximate groups:

Five children whose hearing had improved to normal;

Seven children had a hearing loss of between 20 and 40 decibels;

Eight children had a loss of between 30 and 50 decibels;

Five children had a loss of between 40 and 70 decibels;

Six children had a monaural loss;

Three children had a high tone loss;

One child was severely deaf at all frequencies.

One child was removed from the list of partially hearing children but she kept her aid for use when she had a cold and her hearing became impaired.

"(b) Teaching:

The pre-school severely deaf child and her mother definitely needed to be seen and helped daily, but choosing the other children who would benefit most was more difficult. Teachers were always willing to discuss the children but the theme was nearly always the same . . . ' Oh, but he is not very bright! ' Tucked away at the back of the class with or without an aid is not the best place for a partially hearing child to be, for him to benefit from instruction, or for him to show his real worth. How many children in a C grade should really be in a B grade or even an A graded class? Are all the partially hearing children really working to their full capacity? These are questions that are a continual concern when partially hearing children are placed in large classes.

Eventually seven children were selected, four infants, two juniors and one senior, so that together with the pre-school child, eight children received regular help from September to December, 1965. By limiting the number it enabled the children to be seen at least three times a week, while some were seen four or five times a week.

The severely deaf child needed to be encouraged to co-operate in little things that would lead to a start in lip reading and help her in the hard task of learning to speak. The mother needed guidance on how she too must help her child. With the young schoolchildren the aim of the work was to build up confidence and a happy social relationship that would help them to participate more fully when in class. A concentrated effort was felt to be more beneficial than isolated lessons once a week. Work with juniors and the senior boy was more of a remedial nature, with only one child needing help with his actual speech and pronunciation.

Timetabling proved fairly easy as all the head teachers were extremely helpful in arranging for me to go into the schools. One afternoon a week was left for testing, a little of which was done at the clinic, some in the schools and the young ones were seen at home. The one afternoon a week was not sufficient to cope with all the hearing tests and so the final week of the Christmas term was spent in completing the tests. In this way I could maintain the teaching timetable, the most vital part of the work."

(e) Educationally Subnormal:

Forty-two children, of whom twelve were girls, were classified as educationally subnormal in 1965: one was found unsuitable for education at school, four were recommended for admission to residential special schools of this category and fifteen for remedial teaching. In three instances admission to Rose Hill Open Air School was advocated as a temporary measure as the pupils concerned had a double handicap. Four children went to St. Paul's Special Class and the remainder were able to continue at their ordinary school although most will require some degree of individual teaching.

Educationally subnormal children are educated according to their ability to profit from the various forms of education available. Those with an Intelligence Quotient (I.Q.) of less than 70 and with two years retardation in school work almost invariably require special schooling. To date this is provided either at St. Paul's Special Class or at a residential school. We look forward to the completion of the new Day Special School which will make a really important contribution to the care of the less well-endowed pupils.

At the moment the following means of education for educationally subnormal pupils are provided by the City:

(i) At Residential Schools:

Seventeen boys and five girls attend schools for the educationally subnormal.

(ii) At Rose Hill Open Air School:

TOTAL E.S.N.	ADDITIONAL HANDICAP						
	Delicate	Mal-adjusted	Physically Handi-capped	Epileptic	Partially Sighted	Partially Hearing	Speech Defect
31	13	4	9	2	—	1	2

(iii) At the Special Class at St. Paul's School:

(This serves as an interim measure and will probably be discontinued once the special school is completed). Thirty-two pupils, seventeen boys and fifteen girls, attend this class.

(iv) At Ordinary Schools:

Thirty-seven boys and twenty girls classified as educationally subnormal attend ordinary schools in the City. With very few exceptions, these children have I.Q.s of over 70 and can cope in ordinary schools if assisted by remedial teaching. Their progress is carefully observed and re-assessment is carried out at two year intervals or earlier if requested by their head teachers.

(f) Epileptic Pupils:

	Boys	Girls
At Rose Hill Open Air School	3	1
At Residential Schools	2	—
At Ordinary Schools	16	17
Classified as Educationally Subnormal	4	2
Classified as Maladjusted	1	—
Classified as Partially Hearing	2	1

For the past five years we have maintained an epileptic register which includes the names of those who have epileptic equivalents or behaviour disorders associated with an abnormal electroencephalogram. It will be seen from the above figures that the majority of these children cope very well at ordinary schools although it may be difficult for them to work at a standard commensurate with their mental age if they are receiving daily treatment with anti-convulsant drugs.

Children liable to grand mal attacks are sent to Lingfield Hospital School but we have a few children whose attacks are infrequent and well-controlled who attend ordinary schools.

(g) Maladjusted Pupils:

Cases of maladjustment in children are extremely varied and complex. It can be associated both with high or low intelligence and is found at every socio-economic level within the community. Undoubtedly a stable, accepting and loving family life is one of the best ways of avoiding this distressing condition as evidenced by the high proportion of broken homes and lack of parental harmony among the families of maladjusted children. Possibly the increasing pace and complexity of modern life also has an effect by producing unresolved tensions and anxieties both in the parents and in the child himself.

The symptoms of maladjustment are nearly always distressing and unpleasant for all concerned. Anxiety, instability and aggressive behaviour are frequent manifestations requiring the greatest tact, patience and understanding of those dealing with the child and his problems. Easy or quick improvement in behaviour is seldom achieved and the remedial process is often prolonged and complex, full of hidden difficulties.

While many maladjusted children can remain at home and attend their usual school, it is necessary to remove some from an unsatisfactory environment and seek placement in a residential school where the staff are skilled in handling children with problems, and the education organised to deal effectively with any obstacles to satisfactory learning which may exist.

We are indebted to Dr. J. J. Graham, Consultant Psychiatrist, and to his staff at the Worcestershire Child Guidance Clinic for the skill with which they have investigated, advised and treated the children whom we referred to them. Sixty-five maladjusted pupils received treatment at the Child Guidance Clinic during the year.

Dr. Sybil Crane acts as Educational Psychologist to the Education Department and we are indebted to her for the following comments on her work:

" During the year January to December, 1965, there were eighty-five new names referred to the psychologist. All these children were seen at least once, and contact was maintained with most of the children who were referred during the previous year, either by asking the mother and child to visit the clinic again, or by visiting the school. The eighty-five new cases consisted of fifty-three boys and thirty-two girls. This is the sort of proportion given by most Child Guidance Clinics who have published their figures.

" The age range in 1965 was from four to nineteen years, with the majority falling in the primary and secondary school age range. This year again, the oldest was a student at the City of Worcester College of Education, and it may seem surprising that students of this age should avail themselves of the Service; yet here was an adolescent, away from home for the first time, living in a mixed and very large community, and meeting personal problems which could not be discussed with her tutors. The youngest was a little girl aged four years who needed an assessment with regard to her future education. She had been a perfectly healthy and intelligent baby, and then had had a ' stroke,' resulting in, amongst other factors, the loss of speech.

" There were six youngsters between the ages of fifteen and nineteen years who had left school and who, for one reason or another, had been unable to adjust to the adult world of employment. Here, not only vocational guidance, but psychotherapy and often much long-term social work is involved. At the other end of the age range, five children were referred who were still in infants' schools or departments, the problem varying from extreme aggressiveness to extreme withdrawal.

" Six boys and one girl were seen while they were on remand before re-appearing before the Juvenile Court. One boy was sent to an Approved School, and the others returned to their own schools. It is impressive how the head teachers and their staff rally round to try to help these children, to incorporate them into the community, and spend time and effort and ingenuity in trying to give them socially acceptable outlets —and often, too, in the face of much provocation.

" During 1965, four youngsters were admitted to Powick Hospital. A boy aged sixteen had been known for some years to the Child Guidance Clinic as liable to breakdown under stress; a girl, also aged sixteen, had at school been recognised by her headmistress as needing help, but this had been refused by her parents. One girl, aged twelve, remained in hospital for a few days only while the family crisis subsided; she then returned to home and to school and has remained there uneventfully since. A second girl, aged thirteen, is seriously neurotic and is still not back at school, although she is now living at home and continuing her education with a home tutor. Here I think that I can only repeat what I said last year, which is that an adult ward in a mental hospital is a far from satisfactory place for sick youngsters.

"As might be expected, the type of problem referred from the primary schools and from the secondary schools is very different. The primary school problems are mainly educational, with the children referred because of their failure to acquire the basic skills, and deviant behaviour is often associated with epilepsy. But in the secondary schools, personality difficulties become more prominent with adolescence. Sometimes these seem very directly related to physical development. There was a boy of just thirteen, with the stature and the voice of a man, but timid and insecure and disgruntled. He complained of being unfairly ' picked on ' for minor sins in school, and I am sure that this was true—he was so very visible. Sometimes family rebellion and family failure are carried over in to school, and the adolescent is moody or rebellious with no provocation in school, to the bewilderment of his teachers. Sometimes, too, mental instability and incipient mental illness begin to show. There must surely be more signs of mental illness in its classical adult forms in schools today, simply because there are more adolescents in school. When children left school at the age of twelve, and even at the age of fourteen, mental illness in school was comparatively rare. In these days, schizophrenia, anxiety states, conversion hysteria, and so on, amongst school children, is becoming more common; and when the school-leaving age is raised, mental illness in its adult form is likely to occur regularly in the large secondary schools—not because schools are more stressful than they used to be, but because the population at risk is so much greater.

" During the year a number of children were seen who were known to other workers, and contacts were made with the Youth Employment officers, the Children's Department officers, the Probation Service officers, with Health Visitors and the School Doctors, with teachers and with general practitioners, all of whom were most co-operative and helpful, and I should like to record my gratitude for the help received from them."

Five boys and two girls classified as maladjusted attend appropriate residential schools.

(h) Physically Handicapped:

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently crippled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils only, but it now also serves quite satisfactorily as an educational venue for physically handicapped pupils whose condition has entered a chronic stage where active specialised medical treatment is not a daily necessity. As Rose Hill is a one storey school, these children can move about easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools:

Sex	Age	Condition
M	10	Cerebral Palsy.
M	12	Spina Bifida.
F	12	Spina Bifida.

Children at Rose Hill Open Air School:

Sex	Age	Condition
M	14	Congenital Heart.
M	13	Urinary Tract Abnormality.
M	13	Muscular Dystrophy.
M	8	Diabetes.
M	8	Muscular Inco-ordination.
M	7	Congenital Heart.
M	7	Perthes' Disease.
M	5	Bilateral Talipes.
M	14	Congenital Heart.
F	7	Congential Bilateral Dislocation of Hips.
F	15	Congenital Bilateral Dislocation of Hips.
F	10	Muscular Inco-ordination.
F	13	Muscular Inco-ordination.

Children at Ordinary Schools:

Sex	Age	Condition
M	10	Old Osteitis
M	14	Cerebral Tumour.
M	15	Scoliosis.
M	9	Spina Bifida.
M	12	Post Perthes' Diseas.
M	6	Absence of Right Forearm.
M	11	Absence of Leg.
M	8	Amputation of Left Leg.
M	7	Premature Puberty.
M	6	Athetosis.
M	15	Congenital Heart.
M	12	Asthma.
F	15	Bilateral Congenital Dislocation of Hips.
F	12	Congenital Heart.
F	11	Post Poliomyelitis.
F	15	Bilateral Congenital Dislocation of Hips.
F	15	Spastic Hemiplegia.
F	14	Cerebral Palsy.
F	10	Rheumatic Carditis.
F	11	Bilateral Congenital Dislocation of Hips.
F	15	Old Tubercular Spine.
F	14	Bilateral Congenital Dislocation of Hips.
F	7	Severe Scoliosis.
F	12	Congenital Heart.

It is a pleasing thought that many of the conditions detailed above are unlikely to recur in future. The benefit of immunisation against poliomyelitis, increasing skills in the medical and surgical care of heart and bone disease, and the steady evanescence of tuberculosis should diminish this section of the handicapped register.

(i) Delicate:

I thank Miss P. Smith, Headmistress of Rose Hill Open Air School, for the following information:

" Rose Hill Open Air School admitted thirty-four children and discharged twenty-two during 1965. Of the discharges, three went to West Malvern Residential Open Air School for a term, two to E.S.N. special schools, one to a special school for maladjusted children, one to the Lower Wick Training Centre and one to the Perryfields Adult Training Centre; the others went back to their former schools. It is pleasing to note that a spastic boy who had entered Rose Hill at the age of five in a very handicapped condition was so much improved in three years that he has now been admitted to a normal school. Also, a girl with multiple handicaps passed the selection examination and was admitted to the grammar stream of Exhall Grange School.

" The school is now made up of one infants' class, two junior classes and two senior classes. There is one junior and one senior class for educationally subnormal or very retarded children. We are fortunate in having acquired the services of two men teachers who have both taken an extra year's course on the teaching of educationally subnormal children. At the moment we have twenty-three children classified as educationally subnormal and more who are likely to be reclassified as educationally subnormal in the future. The largest group in the school is still of delicate children, thirty-four out of a total of eighty-four. This category covers a wide range of handicaps. We also have eleven physically handicapped and ten maladjusted children.

" School visits have been made to local events and local factories, including the Metal Box Company and the Worcester Royal Porcelain Works, and in July, the whole school, including wheel chair cases, spent a happy day at Blithfield Hall. At Christmas we held a Carol Service and Nativity Play in mime. Every child in the school took part in some way, either miming, singing or reading a lesson, and it was particularly encouraging to see maladjusted, physically handicapped and educationally subnormal children all going through this experience with confidence and joy. We have had good results with most of the maladjusted children, especially those suffering from school phobia, and also with excessively shy and timid children. One very timid boy, who had stayed for an extra year in his former junior school because of backwardness and unfitness for a secondary modern school, reached a reading age of fifteen years eleven months on the Vernon Test and was so confident that he found himself a post in a local office.

" The children continued to have ultra violet ray treatment and added vitamins. All of them have $\frac{2}{3}$ pint of milk and some have one pint each day. With the help of a rest period each day and the very good meals here, including breakfast and tea, most of the children put on weight and grow steadily and rapidly. A few children are on reducing diets, and there are two special diets for diabetics."

Analysis of Children entering Rose Hill Open Air School, 1965:

	Boys	Girls	
Educationally subnormal and obese ...	—	1	
Educationally subnormal	4	2	
Educationally subnormal and epileptic	1	—	
Perthes' disease	1	—	
Delicate	—	5	
Delicate and obese	1	—	
Neglect	1	—	
Diabetes	—	1	
Asthma and undersized	1	—	
Asthma	2	1	
Asthma and eczema	—	1	
Partial sight	2	—	
Debility	—	2	
Multiple handicaps	—	1	
Maladjusted	1	1	
Foot deformity	1	—	
Recurrent bronchitis	2	—	
Harelip, cleft palate, speech	1	—	
Convalescence	1	—	
	19	15	Total 34

Analysis of Children discharged from Rose Hill Open Air School, 1965:

	Boys	Girls	
Educationally subnormal	3	1	
Educationally subnormal and epileptic	—	1	
Ineducable	1	—	
Maladjusted	3	1	
Asthma	1	—	
Diabetes	—	1	
Epileptic	—	1	
Multiple handicaps	—	1	
Heart	—	1	
Spasticity	1	—	
Delicate	1	5	
	10	12	Total 22

(j) Speech Defects:

I would like to thank Mrs. Ruth Oatey, our Speech Therapist, for the following report on her work:

"Although the annual survey of schools revealed fewer new referrals, there has been an increase in the number of children receiving regular speech therapy. This has been brought about by increasing the sessions at schools, and by the introduction of group therapy in some cases.

" The results of a small pre-school group held each week at the clinic have been quite pleasing; but some children treated in school sessions have made dishearteningly slow progress owing to lack of parental interest and co-operation, lack of practice, and sometimes low mental ability. These children and other severely handicapped speech defective children require almost daily therapy which time and lack of space in schools makes impossible.

" Most children receive weekly treatment and practice at home for three to six months. They are then given a ' rest ' period during which others take their place, thus reducing the waiting list, saving patience on both sides, and increasing the number of parents there is contact with.

" Ninety-one children are seen at six-monthly intervals, comprising those with immaturities of speech where home guidance is sufficient, and those who had therapy previously and need to be followed up. In addition, periodic visits are made to parents of children treated in schools and to parents of pre-school children to give advice and re-assurance.

" There were ninety new referrals from schools and medical officers. Seventy-seven children were discharged, mostly after treatment, although some had improved sufficiently without and others had left school or moved from the City. One or two refused help.

"Again my thanks are due to all members of medical and teaching staffs in the City for their help."

INFECTIOUS DISEASE

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1965—CLASSIFIED IN AGE GROUPS

(With comparative figures for 1964)

	Number of Cases Notified								Totals	
	5 years to 9 years				10 years to 14 years					
	1965		1964		1965		1964		1965	1964
	M	F	M	F	M	F	M	F		
Scarlet Fever	10	19	7	4	1	—	—	—	30	11
Whooping Cough	5	4	6	9	2	—	—	2	11	17
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—
Measles	129	102	181	161	5	4	4	2	240	348
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	58	39	2	5	7	6	—	—	110	7
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (Primary or Influenzal)	—	—	—	2	2	—	—	—	2	2
Smallpox	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	1	—	—	—	—	—	—	1	—
Tuberculosis (Respiratory)	—	—	—	1	—	—	—	—	—	1
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	—	—
Totals ...	202	165	196	182	17	10	4	4	394	386

1965—Of the 231 cases of Measles notified in the 5 years to 9 years age group, 111 were entering school as 5 year olds.

1964—Of the 342 cases of Measles notified in the 5 years to 9 years age group, 164 were entering school as 5 year olds.

INFECTIOUS DISEASE

As can be seen from the relevant table, infectious disease amongst schoolchildren was generally quiescent in Worcester this year. There was, however, a considerable increase in the number of cases of dysentery notified which emphasises the importance of maintaining a high standard of personal hygiene particularly in the case of children. An outbreak of dysentery which occurred at Dines Green Infants' School was quickly brought under control by adopting preventive measures and by meticulous attention to hygiene.

ROUTINE SERVICES

MEDICAL INSPECTIONS:

Our main duty is still the carrying out of periodic medical inspections and at each session some twenty children are examined by the school doctors, the findings being noted on the individual record card, Form 10M. Although the facilities available to our doctors and nurses are not always of a high order, particularly in the older schools, the kindness and co-operation of the teachers atone for this. This co-operation ensures an easy laison of information, and since most of our doctors have worked in the Worcester School Health Service for many years, their knowledge of background and abilities prior to the clinical examination is generally very detailed.

EYE CLINIC:

763 children were seen at the Eye Clinic in 1965 and spectacles were provided for 335. Of those attending, 167 were referred by School Medical Officers and 38 by school nurses. The number of new cases was 205 compared with 204 in 1964.

SCHOOL HYGIENE:

As the School Health Service naturally places so much emphasis on the personal aspect of the work regarding each child in the light of its own personality and capabilities, one is apt to forget the material considerations which are essential to the well-being of the school community. The hygiene of the schools in the City is, of course, a most important feature in school health and this is supervised by both school medical officers and the public health inspectors. The construction of new schools and the high repute of the School Meals Service does much to lighten our responsibility. The renovation of older schools and, in particular, the construction of new sanitary annexes where required, are also of primary importance.

I am happy to say that the teachers in the City are always very alert to potential deterioration in school hygiene, informing this department with expedition.

SCHOOL DENTAL SERVICE:

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports:

" 1,823 children were inspected on routine visits to schools, and 455 applied for inspection at the clinic. 1,536 were found to be in need of treatment and 1,258 elected to have treatment at the clinic.

" Fewer treatment sessions were worked during the year but the output remained at a good level. The number of conservations in permanent teeth and temporary teeth was higher than the previous year and the number of teeth extracted lower.

" Only ten patients were fitted with partial dentures, which is a 50% decrease on the last two years. This, no doubt, is due to a decrease in accidents, which is the main cause of the loss of anterior teeth in children.

" There was a decrease in the number of orthodontic cases. Only twelve patients were referred to Hospital Consultants, and ten were treated by means of removable appliances at the clinic. Many patients are treated by extracting teeth and on the follow up it is found appliance therapy is unnecessary.

" Owing to staff shortage, Dental Health Education cannot be carried out as thoroughly as the Ministry would like, but in this field pressure is brought by the school doctors and nurses at school inspections and at the school clinic. At the dental clinics, considerable time is taken up on this subject with patients and their parents especially on first visits.

" The standard of dental fitness and hygiene is generally very good and we do not find so many mouths devastated by caries and neglect. It is over five years since a full upper denture was fitted to a school child at the clinic."

MEDICAL EXAMINATIONS OF TEACHING STAFF.

Nine entrants to the teaching profession and sixty-nine candidates for training colleges were examined during the year.

EMPLOYMENT OF SCHOOLCHILDREN:

Our duty to ensure that no unfit child takes up employment is underlined by the 302 examinations performed for this purpose in 1965.

PREVENTION AND TREATMENT

1. Head Inspections:

Reference to Statistics—Part I, Table C.

This table shows that 22,837 individual examinations of pupils in school were made by the school nurses in 1965 and 728 pupils were found to be infested.

The number of children found to be infested was slightly higher than in the previous year. This emphasises the fact that constant vigilance on the part of school nurses, parents and indeed the children themselves is necessary in order to keep this distressing complaint under control. Possibly the advent of the current fashion for longer hair may account for part of the increase and it is to be hoped that those boys who wish to indulge in this style will pay even greater attention to the washing and the general cleanliness of their hair.

Unfortunately there will always be a hard core who accept this condition as one of the facts of life and we must continue our efforts to educate and enlighten them.

2. B.G.G. Vaccination:

	Maintained Schools	Non-Maintained Schools	Total
Number Heaf tested ...	936	226	1,162
Number found positive ...	107	38	145
Number found negative ...	787	185	972
Number vaccinated ...	768	182	950
Number not vaccinated ...	19	3	22
Number Heaf tested but not read	42	3	45

3. Heaf Testing:

The Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

4. Ultra-Violet Light Therapy:

Mrs. M. Hayton, School Nurse for Rose Hill Open Air School, reports that the children enjoy and benefit from these sessions. Sixteen children in the 5-7 years group and forty-nine in the 7-15 years group received treatment.

5. Remedial Exercises:

Mr. W. K. Edwards, Remedial Gymnast, reports:

" During the past year an average of two hundred and sixty children have received approximately thirty minutes remedial exercise treatment each week. One hundred and sixty children were discharged as having been corrected of some minor defect.

" Eight lecture-demonstrations were given in primary schools with a total of seventy-eight parents attending to witness a typical remedial session and then to discuss individual problems. Emphasis was laid on the importance of doing two or three specific exercise-skills every evening at home. These exercise-skills were instituted this year for three reasons—first it has been found that children will more readily practise corrective exercises at home if they are presented in some form of a challenge, secondly these exercise-skills provide a quick and fairly reliable indication of progress and thirdly this method is more in keeping with Educational Gymnastics now currently favoured by most physical education teachers. Indeed, many of these exercise-skills are simply progressive break-downs of certain movements that children would like to do in their normal physical education lessons but find too difficult because of inadequate strength in certain muscle groups, inadequate joint mobility or inadequate neuro-muscular co-ordination. By progressively remedying these inadequate factors, children are better able to express themselves physically and emotionally and thereby breaking the reciprocal influences which are often the underlying cause of many postural defects.

" The film strip, ' Teenagers' Feet,' was shown to four secondary schools together with a display of appropriate shoes by a local firm of shoe retailers. On each occasion the firm supplied a competent person who gave a little talk on styles, fitting and what to look for when buying shoes. This was considered useful especially in view of the progress towards some standardisation of footwear in keeping with the various school uniforms.

" The fourteen children at Lower Wick Training Centre have progressed from general activities to those of a more specific remedial nature; this has been achieved by much constant repetition especially by Mrs. Evans and her staff who have been most helpful by including some remedial activities into their daily movement training with the children and also by their willingness to pass on some of their secrets in teaching techniques.

" Six pre-schoolchildren were seen at their homes and the parents supplied with literature and instructed in the appropriate exercises.

" Vital capacity checks were continued with those children receiving breathing exercises. The vital capacity graphs showed that all twenty-eight children showed noticeable gains during the first four months or so, then there appeared to be a levelling off. The general drop between late spring and winter readings may be accounted for by the fact that (a) most children with chest troubles are prone to heavy colds during the winter months and (b) the spirometer gives lower readings during cold weather because the volume of expired air decreases with a fall in temperature.

" The majority of schools provide excellent space and facilities for my weekly visit and all head teachers and staff have been most helpful. The wearing of pumps all day in some schools still persists and I am told it is due to the general slippiness of the floors.

"All in all the year has proved an interesting and rewarding one and, if the overall volumes of the Severn River has been at all indicative, the traditional " Worcester Rain Dance " has shown itself to be something more than mere superstition. Indeed, positive hydro-therapy! "

6. Nocturnal Enuresis:

Buzzer alarms for the treatment of nocturnal enuresis have been in use for several years now and have proved successful in treating this distressing complaint in selected cases. It has been found that children should be at least seven years old before being considered for treatment and that there should not be any deep-seated psychological disturbance underlying the complaint. It is important, by prior investigation, to eliminate any organic cause of the bed-wetting and before commencing treatment the apparatus and its management should be carefully explained to the child and his parents. It is necessary for the child to wake up when the alarm sounds and it is also necessary that he, himself, should switch off the alarm and get out of bed. Unfortunately, some children are very deep sleepers and tend not to awaken while others, for some reason, dislike getting out of bed and prefer to lie in wet sheets. These difficulties indicate the necessity for careful selection and close supervision of children receiving treatment. The alarms are usually loaned for a period of six weeks and it has been found in practice that those who do not respond satisfactorily within this period are unlikely to be cured by using it for a longer period of time. The results of the use of buzzer alarms were as follows:

9 boys and 6 girls were successful;

3 boys and 1 girl were partially successful;

2 boys and 2 girls were not successful.

7. Convalescent Holidays:

By courtesy of the Education Committee, seven children were sent on convalescent holiday during the year.

8. Chiropody:

170 children were treated at the Chiropody Clinic during the year. The clinic is situated on the ground floor of Church House and Miss J. E. Price and Mrs. M. R. Gilbert do this work for us on a sessional basis. This is a valuable preventive service, very much needed in these days of ritual deformation of the feet.

9. Minor Ailment Clinic:

A weekly clinic is held on Tuesday mornings at which a doctor is present. Relatively few children attend nowadays for minor ailments and the clinic is used as a source of referral of children requiring more detailed examination.

10. Accidents involving School Children:

I am grateful to the Chief Constable for the following report:

"Accident Figures:

" The total number of accidents in Worcester for the year 1965 was 1,459, this being only two more than in 1964. Fatal accidents showed a marked decrease in 1965 being six, as against ten the previous year. 116 persons were seriously injured and 356 slightly injured during the year, compared with 97 serious and 390 slight in 1964, an increase of 19 serious injuries, but a decrease of 34 slight injuries.

" There were no fatal accidents involving children of school age during the year, but 17 were seriously injured and 54 slightly injured, and of these totals 45 were pedestrians.

" Once again, although the accident record for children under fifteen years of age does not show any very marked improvement, the fact that the comparatively low percentage of children injured in road accidents has been maintained over the past three years reflects on the road safety training which they receive in their early school life.

"A monthly comparison table for the years 1963 to 1965 is shown below:

ACCIDENTS INVOLVING INJURY TO CHILDREN. UNDER 15 YEARS OF AGE.

1965

	Fatal	Serious	Slight	Total
Pedestrians ...	—	10	35	45
Pedal cyclists ..	—	6	14	20
Others	—	1	5	6
Total ...	—	17	54	71

1964

	Fatal	Serious	Slight	Total
Pedestrians ...	—	10	32	42
Pedal cyclists ..	1	3	27	31
Others	—	2	10	12
Total ...	1	15	69	85

1963

	Fatal	Serious	Slight	Total
Pedestrians ...	—	8	35	43
Pedal cyclists ..	—	4	21	25
Others	—	2	5	7
Total ...	—	14	61	75

" School Cycle Training:

" The National Cycling Proficiency Scheme is still one of the major Road Safety activities in most of the local junior and senior schools.

" The continued services of voluntary instructors from the G.P.O. and Midland 'Red' Omnibus Company, as well as teaching staff at various schools, have made it possible for children from some sixteen junior and senior schools in the City to take part in the scheme.

" During the year 312 children successfully passed the proficiency test and presentations of badges and certificates were made in the Magistrates' Court Room by His Worship the Mayor of Worcester, Alderman H. H. Exall, and, during his absence from office due to ill health, by the Deputy Mayor, Alderman W. M. Bird. Other presentations were also made at individual schools in the presence of the assembled school and this method of presentation undoubtedly assists with the recruiting of future classes.

" Mr. F. N. Platts, who spent some months in Australia during 1965, returned to Worcester in November and is now again busily engaged in various aspects of Road Safety at local schools.

" In addition to Cycle Training Courses at the various schools, a Holiday Training Course was again held during the summer holidays on Pitchcroft, under the instructions of the Road Safety Officer. This, as usual, proved highly successful.

" City of Worcester Show:

" The Road Safety Committee again took part in the City of Worcester Show at Pitchcroft during August.

" The main theme aimed at children during the show was the potential dangers to young children heedlessly crossing the road to and from mobile ice-cream vans which are to be found on the various housing estates throughout the City. The campaign took the form of a competition which was sponsored by a well-known firm of ice-cream manufacturers

" Talks to School Children:

' The Road Safety Officer, assisted by other volunteer officers and police dog handlers, continues to visit infant and junior schools, giving talks and instruction on kerb drill. Demonstrations are given by the police dogs and their handlers and this, as always, is very popular with the younger children.

" Talks are also given at some senior schools to children about to leave school, on their forthcoming responsibilities as future members of the motoring public.

" City of Worcester Road Safety Quiz Competition:

" During the early part of 1965 the Richards Cup Competition was again held amongst local senior schools and for the third year running was won by a team representing Samuel Southall Girls' School.

"A team representing the City of Worcester was also entered for the Worcestershire Inter-Town Quiz for the Frederick Smith Challenge Cup and succeeded in reaching the final round, where they were again beaten by a team from Dudley Borough.

" 1965 also saw the beginning of the Elt Cup Competition, this also being a Road Safety Quiz competition, but open to the junior schools of the City. The winners of this first competition were a team representng Pitmaston Junior School."

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

Total number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1966 11,685

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1961 and later	25	25	—	—	1	9	9
1960	611	611	—	—	17	71	83
1959	565	561	4	—	16	75	92
1958	146	146	—	—	6	19	24
1957	13	13	—	—	—	—	—
1956	11	11	—	—	2	3	4
1955	48	48	—	—	2	1	3
1954	258	258	—	—	8	40	48
1953	601	597	4	—	65	123	177
1952	284	284	—	—	36	75	102
1951	311	310	1	—	25	51	73
1950 and earlier	954	953	1	—	116	182	285
TOTAL ...	3,827	3,817	10	—	294	649	900

Col. (3) total as a percentage of Col. (2) total 99·74% Col. (4) total as a percentage of Col. (2) total 0·26%
(to two places of decimals.)

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	2,015
Number of Re-inspections	113
Total	2,128

TABLE C—INFESTATION WITH VERMIN.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	22,837
(*b*) Total number of individual pupils found to be infested ...	728
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	19
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

Defect or Disease		PERIODIC INSPECTIONS				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	*T	10	41	35	86	58
	*O	19	7	3	29	6
Eyes—*a.* Vision	T	43	142	109	294	59
	O	61	30	29	120	35
b. Squint	T	8	7	8	23	8
	O	6	5	4	15	7
c. Other	T	7	5	7	19	9
	O	6	1	2	9	1
Ears—						
a. Hearing ...	T	3	6	7	16	12
	O	33	5	12	50	87
b. Otitis Media	T	—	2	—	2	—
	O	36	—	4	40	61
c. Other ...	T	2	2	5	9	10
	O	7	—	1	8	9
Nose and Throat	T	6	—	1	7	6
	O	71	3	21	95	68
Speech	T	16	4	6	26	18
	O	7	1	2	10	25
Lymphatic Glands	T	3	—	2	5	1
	O	42	1	10	53	35
Heart	T	—	—	—	—	1
	O	13	1	2	16	14
Lungs	T	6	3	3	12	9
	O	14	7	12	33	22
Developmental—						
a. Hernia ...	T	4	—	—	4	2
	O	6	—	—	6	6
b. Other ...	T	3	4	4	11	6
	O	36	5	19	60	27
Orthopædic—						
a. Posture ...	T	31	53	54	138	97
	O	16	4	3	23	11
b. Feet ...	T	81	64	80	225	121
	O	17	18	8	43	24
c. Other ...	T	17	46	22	85	36
	O	5	10	3	18	10
Nervous System—						
a. Epilepsy ...	T	—	—	1	1	8
	O	4	1	2	7	4
b. Other ...	T	1	1	—	2	—
	O	25	5	3	33	16
Psychological—						
a. Development	T	2	—	1	3	34
	O	21	1	1	23	14
b. Stability ...	T	—	1	—	1	2
	O	5	1	3	9	19
Abdomen ...	T	1	—	—	1	1
	O	5	1	1	7	6
Other	T	2	9	7	18	8
	O	20	21	16	57	26

*T Pupils requiring treatment

*O Pupils requiring observation

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	11
Errors of refraction (including squint) ..	752
Total	763
Number of pupils for whom spectacles were prescribed	335

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ..	16
(*b*) for adenoids and chronic tonsillitis	83
(*c*) for other nose and throat conditions	6
Received other forms of treatment ..	18
Total	123
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1965	11
(*b*) in previous years	43

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number known to have been treated
(*a*) pupils treated at clinics or out-patients departments	40
(*b*) pupils treated at school for postural defects	708
Total ..	748

TABLE D.—DISEASES OF THE SKIN.

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (*a*) Scalp	—
(*b*) Body	—
Scabies	7
Impetigo	4
Other Skin Diseases	25
Total ..	36

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number known to have been treated
Pupils treated at Child Guidance Clinics	65

TABLE F.—SPEECH THERAPY.

	Number known to have been treated
Pupils treated by speech therapists . .	230

TABLE G.—OTHER TREATMENT GIVEN.

	Number known to have been dealt with
(*a*) Pupils with minor ailments	51
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	7
(*c*) Pupils who received B.C.G. vaccination	950
(*d*) Other than (*a*), (*b*) and (*c*) above.	
(i) Audiometric examination 5 year old sweep	1,250
(ii) Audiometric centre—special examinations	2
(iii) Ultra violet light therapy ..	65
(iv) Pupils who attended the Chiropody Clinic	170
(v) Pupils who received treatment for enuresis	23
Total (a)-(d) ...	2,518

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals)

(*a*) Is the vision of entrants tested as a routine within their first year at school? ... ...

YES	NO
	√

(*b*) If not, at what age is the first routine test carried out? ...

| 6 | years

2. At what age(s) is vision testing repeated during a child's school life? ... ...

6	7	8	9	10	11	12	13	14	15	16
√		√				√		√		

3. (*a*) Is colour vision testing undertaken? ... ...

YES	NO
√	

(*b*) If so, at what age? ... ...

| 14 | and some 12 year olds

(*c*) Are both boys and girls tested?

BOYS	GIRLS
√	

4. (*a*) By whom is vision testing carried out? ... ...

School Nurse.

(*b*) By whom is colour vision testing carried out? ... ...

School Doctor.

(*a*) Is routine audiometric testing of entrants carried out within their first year at school? ...

YES	NO
√	

(*b*) If not, at what age is the first routine audiometric test carried out? ... ...

| N/A |

(*c*I By whom is audiometric testing carried out? ... ...

Intially by Audiometrician. Failures by School Medical Officer and Peripatetic Teacher of the Deaf.

Dental Inspection and Treatment carried out by the Authority

ATTENDANCES AND TREATMENT	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
First Visit	1	332	12	564	23	119	1,015
Subsequent visits	2	287	13	1,154	24	257	1,698
Total visits		619		1,718		376	2,713
Additional courses of treatment commenced	3	22	14	26	25	2	50
Fillings in permanent teeth	4	407	15	1,824	26	491	2,722
Fillings in deciduous teeth	5	94	16	8			102
Permanent teeth filled	6	331	17	1,429	27	386	2,146
Deciduous teeth filled	7	79	18	5			84
Permanent teeth extracted	8	49	19	330	28	76	455
Deciduous teeth extracted	9	734	20	284			1,018
General anæsthetics	10	197	21	172	29	19	388
Emergencies	11	104	22	58	30	11	173

Number of Pupils X-rayed	31	59
Prophylaxis	32	163
Teeth otherwise conserved	33	11
Number of teeth root filled	34	4
Inlays	35	2
Crowns	36	1
Courses of treatment completed	37	833

ORTHODONTICS

Cases remaining from previous year		16
New cases commenced during year	38	7
Cases completed during year ...	39	7
Cases discontinued during year ...	40	10
No. of removable appliances fitted	41	8
No. of fixed appliances fitted ...	42	1
Pupils referred to Hospital Consultant	43	12

PROSTHETICS

	5 to 9		10 to 14		15 and over		Total
Pupils supplied with F.U. or F.L. (first time)	44	—	47	—	50	—	—
Pupils supplied with other dentures (first time)	45	1	48	7	51	2	10
Number of dentures supplied	46	1	49	7	52	2	10

ANÆSTHETICS. General Anæsthetics administered by Dental Officers	53	128

INSPECTIONS

(*a*) First inspection at school. Number of Pupils	A	1,823
(*b*) First inspection at clinic. Number of Pupils	B	455
Number of (a) + (b) found to require treatment	C	1,536
Number of (a) + (b) offered treatment	D	1,258
(*c*) Pupils re-inspected at school clinic	E	38
Number of (c) found to require treatment	F	34

SESSIONS

Sessions devoted to treatment	X	548
Sessions devoted to inspection	Y	9
Sessions devoted to Dental Health Education ...	Z	14

HANDICAPPED CHILDREN'S TABLE

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1965		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	boys	—	2	—	—	1	12	2	5	1	—	23
	girls	1	—	—	—	1	12	2	3	—	—	19
B. Number of children who were newly placed in special schools (other than hospital special schools) or boarding homes												
(i) of those included at A above ...	boys	—	2	—	—	1	11	1	3	1	—	19
	girls	—	—	—	—	1	11	2	1	—	—	15
(ii) of those assessed prior to January, 1965	boys	—	1	—	1	—	—	—	3	—	—	5
	girls	—	—	—	—	—	1	—	2	—	—	3
(iii) Total newly placed—B (i) and (ii)	boys	-	3	—	1	1	11	1	6	1	—	24
	girls	-		—	—	1	12	2	3	—	—	18

On 20th January, 1966, number of children from the Authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. (i) who were requiring places in special schools other than hospital special schools												
(*a*) day places	boys	—	—	—	—	—	—	—	14	—	—	14
	girls	—	—	—	—	—	—	—	15	—	—	15
(*b*) boarding	boys	—	1	—	—	1	1	3	2	—	—	8
	girls	1	—	—	—	—	—	1	—	—	—	2
(ii) included at C (i) who had not reached the age of 5 and were awaiting												
(*a*) day places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	1	—	—	—	—	—	—	—	—	—	1
(iii) included at C (i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, and were awaiting												
(*a*) day places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—

On 20th January, 1966, number of children from the authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(iv) included at C (i) who had been awaiting admission to special schools for more than one year												
(*a*) day places	boys	—	—	—	—	—	—	—	13	—	—	13
	girls	—	—	—	—	—	—	—	12	—	—	12
(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
D. (i) who were on the registers of: (1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained												
(*a*) day	boys	—	3	—	2	9	18	5	10	3	—	50
	girls	—	—	—	1	4	19	3	5	—	1	33
(*b*) boarding	boys	—	2	—	—	1	—	1	9	—	—	13
	girls	—	1	—	1	—	1	—	2	—	—	5
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated												
(*a*) day	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding	boys	—	—	3	1	—	—	2	4	1	—	11
	girls	—	—	1	—	1	—	—	2	—	—	4

On 20th January, 1966, number of children from the Authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(3) Independent schools under arrangements made by the authority	boys	—	—	—	—	—	2	—	4	—	—	6
	girls	—	—	2	—	—	1	1	1	—	—	5
(ii) who were boarded in homes and not already included in D (i) above	boys	—	—	—	—	—	—	1	—	—	—	1
	girls	—	—	—	—	—	—	1	—	—	—	1
Total 'D' ...	boys	—	5	3	3	10	20	9	27	4	—	81
	girls	—	1	3	2	5	21	5	10	—	1	48
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes. Total of sections C (i) (a) & (b) & D	boys	—	6	3	3	11	21	12	43	4	—	103
	girls	1	1	3	2	5	21	6	25	—	1	65
On 20th January, 1966:—												
E. Number of handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944												
(i) in hospitals		—	—	—	—	1	—	—	—	—	—	1
(ii) in other groups (e.g. units for spastics, convalescent homes etc.)		—	—	—	—	—	—	—	—	—	—	—
(iii) at home		—	—	—	—	1	—	2	—	—	—	3

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944, during the calendar year ended 31st December, 1965	1
Number of reviews carried out under the provisions of Section 57A of the Education Act, 1944, during the calendar year ended 31st December, 1965	—
Number of Decisions cancelled under Section 57A (2) of the Education Act, 1944, during the calendar year ended 31st December, 1965	—

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